

**MARYLAND INSURANCE ADMINISTRATION  
PHARMACEUTICAL SERVICES WORKGROUP  
MEETING 5 AGENDA**

**MIA HEARING ROOM  
24<sup>TH</sup> FLOOR**

**NOVEMBER 13, 2017  
1-4 PM**

**I. Opening Remarks**

**II. Specialty Drugs Follow Up**

- 1) Definition of Specialty Drugs - What if the definition at §15-847(a)(5) excluded medications which are not treated as specialty by Medicare or Medicaid?
  - a. Would this provide more consistency by carriers, plans, and PBM's in determining what is a specialty drug?
- 2) What are the substantive and/or material differences between the various organizations accreditation standards?
  - a. CareFirst review
  - b. CVS review
  - c. Cigna review
- 3) Will any carrier, plan, or PBM accept less than two accreditations?
  - a. Any non-URAC only accreditations?

**III. MAC Pricing & Appeals**

- 1) NADAC follow up
  - a. NADAC focuses on average acquisition costs v. reimbursement amount and Washington survey result says reimbursements higher if off MAC list in aggregate, so is it useful and if so, how?
- 2) What if the denial was required to provide under § 15-1628.1(f)(4)(ii) an NDC from a national or regional wholesaler which makes that drug readily available for purchase by and serves pharmacies in Maryland?
- 3) Are there any other states with appeal laws similar to Maryland? What is the volume of appeals in these states?

**IV. HB 1162: Fees Not Specified at Time of Claim**

- 1) What right does a plan, carrier, or PBM have to charge fees not enumerated at time claim is processed?